

**CONTRACT #3
RFS # 318.66-022**

**Department of Finance &
Administration**

Bureau of TennCare

**VENDOR:
Premier Behavioral Health
Systems of Tennessee, LLC**

RECEIVED

OCT 15 2007

FISCAL REVIEW



STATE OF TENNESSEE
BUREAU OF TENNCARE
310 Great Circle Road
NASHVILLE, TENNESSEE 37243

October 15, 2007

Mr. Jim White, Director
Fiscal Review Committee
8th Floor, Rachel Jackson Bldg.
Nashville, TN 37243

Attention: Ms. Leni Chick

RE: Bureau of TennCare
Contracts Submitted for Fiscal Review

Dear Mr. White:

The Department of Finance and Administration, Bureau of TennCare, is submitting for consideration by the Fiscal Review Committee amendment #2 to The Medstat Group, Inc., RFS 318.65-186. This competitively bid contract was originally awarded to the Department of Finance and Administration, Office of Information Resources, but has since been moved to the Bureau of TennCare for monitoring and oversight. Per language in the Request for Proposal and the original contract, TennCare is exercising the option to extend the term of this competitively awarded contract through November 30, 2009. Due to changes programmatically, there is no longer a need to continue with the entire original scope of services, however, the Fraud and Abuse Detection and Investigation (FADI) services are required and are included in this extension amendment.

Additionally, the three Behavioral Health Organizations (BHOs) listed below are being amended to establish rates that will be in effect for the remainder of Fiscal Year 2008. These amendments reflect an overall maximum liability decrease of \$70 million from the current contract amounts, and align with the projected membership/capitation that will be in force for the contracts.

Mr. Jim White
October 15, 2007
Page 2

Premier Behavioral Health Systems of TN, LLC
Tennessee Behavioral Health, Inc.
Tennessee Behavioral Health, Inc.

FA-01-14662-20
FA-05-16089-10
FA-01-14661-19

The Bureau of TennCare would greatly appreciate the consideration and approval of these amendments by the Fiscal Review Committee.

Sincerely,

A handwritten signature in black ink, appearing to read "Scott Pierce", with a long horizontal flourish extending to the right.

Scott Pierce
Chief Financial Officer

cc: Darin J. Gordon, Deputy Commissioner
Alma Chilton, Contract Coordinator

REQUEST: NON-COMPETITIVE AMENDMENT

APPROVED

Commissioner of Finance & Administration

Date:

Each of the request items below indicates specific information that must be individually detailed or addressed as required.
A REQUEST CAN NOT BE CONSIDERED IF INFORMATION PROVIDED IS INCOMPLETE, NON-RESPONSIVE, OR DOES NOT CLEARLY ADDRESS EACH OF THE REQUIREMENTS INDIVIDUALLY AS REQUIRED.

RFS #	318.66-022		
STATE AGENCY NAME :	Department of Finance and Administration Bureau of TennCare		
SERVICE CAPTION :	Behavioral Health Organizations Providing Medically Necessary Behavioral Services to the TennCare/Medicaid Population		
CONTRACT #	FA-01-14662-00	PROPOSED AMENDMENT #	20
CONTRACTOR :	Premier Behavioral Health Systems of Tennessee, LLC		
CONTRACT START DATE :	01/01/2001		
CURRENT, LATEST POSSIBLE END DATE : (including ALL options to extend)	06/30/2008		
CURRENT MAXIMUM LIABILITY :	\$1,718,658,666.00		
LATEST POSSIBLE END DATE WITH PROPOSED AMENDMENT : (including ALL options to extend)	06/30/2008		
TOTAL MAXIMUM COST WITH PROPOSED AMENDMENT : (including ALL options to extend)	\$1,643,658,666.00		
APPROVAL CRITERIA : (select one)	<input checked="" type="checkbox"/> use of Non-Competitive Negotiation is in the best interest of the state		
	<input type="checkbox"/> only one uniquely qualified service provider able to provide the service		
ADDITIONAL REQUIRED REQUEST DETAILS BELOW (address each item immediately following the requirement text)			
(1) description of the proposed additional service and amendment effects :			
This amendment to the existing contract will retain previously established rates that will be in effect for the remainder of the Fiscal Year 2008.			
(2) explanation of need for the proposed amendment :			

This amendment is needed to provide funding rates and funding mechanism for the remainder of Fiscal Year 2008. This amendment reflects a \$75,000,000.00 decrease in maximum liability, with a net of the amounts associated with the three Behavioral Health Contracts reflecting a decrease of \$70M from the current contract amounts, and align with the projected membership/capitation that will be in force for the contracts.

(3) name and address of the proposed contractor's principal owner(s) :
(not required if proposed contractor is a state education institution)

Dr. Russ Petrella, Chief Operating Officer
Magellan Behavioral Health
199 Pomeroy Road, 3rd Floor
Parsippany, New Jersey 07054

(4) documentation of OIR endorsement of the Non-Competitive procurement request :
(required only if the subject service involves information technology)

select one:



Documentation Not Applicable to this Request



Documentation Attached to this Request

(5) documentation of Department of Personnel endorsement of the Non-Competitive procurement request :
(required only if the subject service involves training for state employees)

select one:



Documentation Not Applicable to this Request



Documentation Attached to this Request

(6) description of procuring agency efforts to identify reasonable, competitive, procurement alternatives rather than to use non-competitive negotiation :

This contract for Behavioral Health Services for the State has been in effect since 2001. This amendment to the existing contract will establish sufficient payment mechanism to ensure that services to recipients will continue without interruption and that language will reflect the most recent rates for FY '08.

(7) justification of why the F&A Commissioner should approve a Non-Competitive Amendment :

The Bureau of TennCare is currently modifying all of the BHO contracts to provide specific rates that will carry through the remainder of the Fiscal Year. These BHO contracts provide necessary Behavioral Health Services to the TennCare/Medicaid population and TennCare would greatly appreciate approval of this amendment by the Commissioner of Finance and Administration.

AGENCY HEAD REQUEST SIGNATURE:

(must be signed by the ACTUAL procuring agency head as detailed on the Signature Certification on file with OCR — signature by an authorized signatory will be accepted only in documented exigent circumstances)


SIGNATURE DATE: 10/0/07

CONTRACT SUMMARY SHEET

RFS Number:	318.66-022	Contract Number:	FA 01-14662-20
State Agency:	Department of Finance and Administration	Division:	

Contractor:	Contractor Identification Number:				
Premier Behavioral Health Systems of Tennessee, LLC	621641638-00				
<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">X</td> <td style="width: 20px; text-align: center;">V-</td> </tr> <tr> <td style="width: 20px; text-align: center;"></td> <td style="width: 20px; text-align: center;">C-</td> </tr> </table>	X	V-		C-	
X	V-				
	C-				

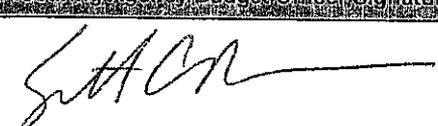
Service Description

Behavioral Health Organization Services/Medically Necessary Behavioral Services to the TennCare Medicaid Population

Contract Begin Date	Contract End Date
1/1/2001	6/30/2008

Allotment Code	Cost Center	Object Code	Fund	Grant	Grant Code	Subgrant Code
318.66	135	134	11	on STARS		

FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	Total Contract Amount (include ALL amendments)
2001	\$34,017,900.00	\$59,630,800.00			\$93,648,700.00
2002	\$74,061,006.00	\$129,837,429.00			\$203,898,435.00
2003	\$92,800,300.00	\$162,689,500.00			\$255,489,800.00
2004	\$101,603,601.00	\$184,181,086.00			\$285,784,687.00
2005	\$101,163,744.00	\$185,500,300.00			\$286,664,044.00
2006	\$73,675,000.00	\$132,121,100.00			\$205,796,100.00
2007	\$76,030,930.00	\$136,345,970.00			\$212,376,900.00
2008	\$36,305,000.00	\$63,695,000.00			\$100,000,000.00
Total	\$589,657,481.00	\$1,054,001,185.00	\$0.00	\$0.00	\$1,643,658,666.00

CFDA Number	93.778 Secretary of Health and Human Services	Check the box (below) ONLY if the answer is YES:
State Fiscal Contact		<input checked="" type="checkbox"/> Is the Contractor a SUBRECIPIENT? (per OMB A-133)
Name:	Scott Pierce	<input type="checkbox"/> Is the Contractor a VENDOR? (per OMB A-133)
Address:	310 Great Circle Road	<input type="checkbox"/> Is the Fiscal Year Funding STRICTLY LIMITED?
Phone:	615-507-6415	<input type="checkbox"/> Is the Contractor on STARS?
Procuring Agency Budget Officer Signature		<input type="checkbox"/> Is the Contractor's FORM W-9 ATTACHED?
		<input type="checkbox"/> Is the Contractor's Form W-9 Filed with Accounts?

Funding Certification

Pursuant to T.C.A., Section 9-6-113, I, M. D. Goetz, Jr., Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.

COMPLETE FOR ALL AMENDMENTS (only)

End Date	Base Contract & Prior Amendments	This Amendment ONLY
	6/30/2008	
FY 2001	\$93,648,700.00	
FY 2002	\$203,898,435.00	
FY 2003	\$255,489,800.00	
FY 2004	\$285,784,687.00	
FY 2005	\$286,664,044.00	
FY 2006	\$205,796,100.00	
FY 2007	\$212,376,900.00	
FY 2008	\$175,000,000.00	<\$75,000,000.00>
Totals	\$1,718,658,666.00	<\$75,000,000.00>

**AMENDMENT NUMBER 20
TO PROVIDER RISK CONTRACT #FA-01-14662**

BETWEEN

**THE STATE OF TENNESSEE DEPARTMENT OF MENTAL HEALTH AND
DEVELOPMENTAL DISABILITIES**

AND

PREMIER BEHAVIORAL SYSTEMS OF TENNESSEE, LLC

For and in consideration of the mutual promises herein contained and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the parties agree to clarify and/or amend the Provider Risk Agreement by and between the State of Tennessee Department of Mental Health and Developmental Disabilities, hereinafter referred to as **TDMHDD**, and Premier Behavioral Systems of Tennessee, LLC hereinafter referred to as the **Contractor**, as follows:

Titles and numbering of paragraphs used herein are for the purpose of facilitating use of reference only and shall not be construed to infer a contractual construction of language.

1. Section 4.7.1. – Maximum Liability and Allocation of Funds to this Contract:

The first two sentences of the first paragraph are amended as follows:

This Contract is subject to appropriation and availability of state and federal funds. In no event shall the maximum liability of the State for the **TennCare Partners Program** in the Middle and West Tennessee Grand Regions exceed One Hundred Million Dollars (\$100,000,000.00) for the contract period July 1, 2007 through June 30, 2008.

2. Section 4.7.2 - Payment Methodology

New Tables 8, 9, & 10 shall be added that read as follows:

The Contractor shall be compensated based on the rates herein for the payment rate categories authorized by the State. Payments shall be subject to withholds as set forth in the CONTRACT. The rates in Tables 8, 9, & 10 shall be applicable from August 1, 2007 through June 30, 2008.

Table 8: Rates – West Enrollment
BHO Rate Ceiling PMPM: August 1, 2007 – June 30, 2008

Age Group	Priority	Non-Priority	State Only & Judicials
0 - 13	\$172.35	\$1.16	\$849.65
14 – 18	\$265.37	\$7.94	\$679.77
19 – 20	\$197.62	\$3.21	\$353.86
21 and over	\$306.49	\$4.87	\$583.39

Table 9: Rates – Enrollment aligned with Statewide TennCare Select High
BHO Rate Ceiling PMPM: August 1, 2007 – June 30, 2008

Age Group	Priority	Non-Priority	State Only & Judicials
0 - 13	\$289.52	\$13.57	N/A
14 – 18	\$299.43	\$39.68	N/A
19 - 20	\$246.93	\$7.43	N/A
21 and over	\$365.17	\$7.24	N/A

**Table 10: Rates – Enrollment aligned with TennCare Select Low - Middle
BHO Rate Ceiling PMPM: August 1, 2007 – June 30, 2008**

Age Group	Priority	Non-Priority	State Only & Judicials
0 - 13	\$265.54	\$1.61	N/A
14 – 18	\$300.72	\$9.89	N/A
19 – 20	\$248.84	\$5.09	N/A
21 and over	\$327.76	\$6.34	N/A

3. **Section 4.7.2.2. shall be amended by deleting the last paragraph and replacing with the following:**

Reconciliation will occur ninety (90) days following the end of the first twelve (12) months and again in six (6) month cycles thereafter, until all medical claims for this Contract period are paid. The second reconciliation covers the period from January 2007 through June 2008.

All of the provisions of the original Agreement not specifically deleted or modified herein shall remain in full force and effect. Unless a provision contained in this Amendment specifically indicates a different effective date, for purposes of the provisions contained herein, this Amendment shall become effective November 1, 2007, or as of the date it is approved by the U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services.

IN WITNESS THEREOF, the parties have by their duly authorized representatives set their signature.

Russell C. Petrella, Ph.D.
President
Premier Holdings, Inc, Managing Member

DATE

TENNESSEE DEPARTMENT OF MENTAL
HEALTH AND DEVELOPMENTAL DISABILITIES

Virginia Trotter Betts, MSN, JD, RN, FAAN
Commissioner

DATE

TENNESSEE DEPARTMENT OF
FINANCE AND ADMINISTRATION:

M.D. Goetz, Jr.
Commissioner

DATE

APPROVED:

TENNESSEE DEPARTMENT OF
FINANCE AND ADMINISTRATION:

M.D. Goetz, Jr.
Commissioner

DATE

COMPTROLLER OF TREASURY:

John G. Morgan
Comptroller of Treasury

DATE



**GENERAL ASSEMBLY OF THE STATE OF TENNESSEE
FISCAL REVIEW COMMITTEE**

320 Sixth Avenue, North – 8th Floor
NASHVILLE, TENNESSEE 37243-0057
615-741-2564

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Curtis Johnson
Gerald McCormick
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Craig Fitzhugh, *ex officio*
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Lt. Governor Ron Ramsey, *ex officio*

Reginald Tate
Jamie Woodson

M E M O R A N D U M

TO: The Honorable Dave Goetz, Commissioner
Department of Finance and Administration

FROM: Charles Curtiss, Chairman, Fiscal Review Committee
Bill Ketron, Chairman, Contract Services Subcommittee

DATE: August 29, 2007

SUBJECT: **Contract Comments**
(Contract Services Subcommittee Meeting 8/28/07)

RFS# 318.66-022

Department: Finance & Administration/Bureau of TennCare

Contractor: Premier Behavioral Health Systems of TN, LLC

Summary: The vendor currently provides behavioral health care services to the TennCare/Medicaid population. This amendment establishes the rates that will be in effect for August 1, 2007, through October 31, 2007.

Maximum liability: \$1,718,658,666

Maximum liability with amendment: \$1,718,658,666

After review, the Fiscal Review Committee voted to recommend approval of the contract amendment.

cc: Mr. Darin Gordon, Deputy Commissioner
Mr. Robert Barlow, Director, Office of Contracts Review

CC
BK



**GENERAL ASSEMBLY OF THE STATE OF TENNESSEE
FISCAL REVIEW COMMITTEE**

320 Sixth Avenue, North - 8th Floor
NASHVILLE, TENNESSEE 37243-0057
615-741-2564

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Craig Fitzhugh, <i>ex officio</i>	
Speaker Jimmy Naifeh, <i>ex officio</i>	

Sen. Douglas Henry, Vice-Chairman
Senators

Doug Jackson	Reginald Tate
Bill Ketron	Jamie Woodson
Paul Stanley	
Randy McNally, <i>ex officio</i>	
Lt. Governor Ron Ramsey, <i>ex officio</i>	

MEMORANDUM

TO: Senator Bill Ketron, Chairman
Members of the Contract Services Subcommittee

FROM: Leni S. Chick, Fiscal Analyst *RSC*

DATE: August 24, 2007

RE: Revised TennCare BHO amendments

We received today the signed versions of the new TennCare BHO amendments. The signed amendments differ significantly from the versions presented to and approved by the Subcommittee on July 31. The amendments as presented to the Subcommittee contained BHO rates effective through June 30, 2008. The signed version makes those rates effective only through October 31, 2007. The rates will be renegotiated prior to November 1, 2007, and presumably may change again.

Scott Pierce, Chief Financial Officer of TennCare, responded to our question about this change by stating that "This extension was more difficult than normal and the only way I could get all parties on board was to limit the rates through October." This statement is contrary to the Bureau's testimony on July 31, in which Mike Cole, legislative liaison for the Bureau, stated, "This is to establish the rates for behavioral health services for the remainder of the fiscal year 2008. We establish that rate each year, and it is brought before this Committee each year. The rate is actuarially established by Aon Actuarial Company under a contract with the Comptroller's office."

The discrepancy between Mr. Cole's testimony of July 31 and Mr. Pierce's statement of August 24 has not been explained.

Moreover, the maximum liability of the contracts as amended has not been changed, even though the new rates are effective for only three months, rather than 12 months as provided in the previous version.

Finally, the Subcommittee conditioned its approval of the previous version of these amendments upon the Bureau's providing the cost savings resulting from the proposed rate reduction and reducing the maximum contract liability accordingly. The Bureau has not provided this information. Thus, the amendments have not been approved by the Subcommittee and need to be considered again (although they have already been signed by all parties and are currently in effect). For these reasons, we have added these new contract amendments to the Subcommittee's agenda for August 28. The new documents are attached. If you have any questions or would like additional information, please let me know.

Attachments

CONTRACT SUMMARY SHEET

RFS Number:	318.66-022	Contract Number:	FA 01-14662-19
State/Agency:	Department of Finance and Administration	Division:	
Contractor:		Contractor Identification Number:	
Premier Behavioral Health Systems of Tennessee, LLC		X	V-
		V-	C-
		621641638-00	

Service Description

Behavioral Health Organization Services/Medically Necessary Behavioral Services to the TennCare Medicaid Population

Contract Begin Date	Contract End Date
1/1/2001	6/30/2008

Allotment Code	Cost Center	Object Code	Fund	Grant	Grant Code	Subgrant Code
318.66	135	134	11	on STARS		

FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	Total Contract Amount (Include ALL Amendments)
2001	\$34,017,900.00	\$59,630,800.00			\$93,648,700.00
2002	\$74,061,006.00	\$129,837,429.00			\$203,898,435.00
2003	\$92,800,300.00	\$162,689,500.00			\$255,489,800.00
2004	\$101,603,601.00	\$184,181,086.00			\$285,784,687.00
2005	\$101,163,744.00	\$185,500,300.00			\$286,664,044.00
2006	\$73,675,000.00	\$132,121,100.00			\$205,796,100.00
2007	\$76,030,930.00	\$136,345,970.00			\$212,376,900.00
2008	\$63,533,750.00	\$111,466,250.00			\$175,000,000.00
Total	\$616,886,231.00	\$1,101,772,435.00	\$0.00	\$0.00	\$1,718,658,666.00

GFDA Number: 93.778 Secretary of Health and Human Services	Check the box (below) ONLY if the answer is YES:
-------------------------------------------------------------------	---------------------------------------------------------

State/Fiscal Contact	Is the contractor a SUBRECIPIENT? (per OMB A-133)
Name: Scott Pierce	<input checked="" type="checkbox"/>
Address: 310 Great Circle Road	Is the Contractor a VENDOR? (per OMB A-133)
Phone: 615-507-6415	<input type="checkbox"/>
Producing Agency Budget Officer Signature	Is the Fiscal Year Funding STRICTLY LIMITED?
	<input type="checkbox"/>
	Is the Contractor on STARS?
	<input type="checkbox"/>
	Is the Contractor's FORM W-9 ATTACHED?
	<input type="checkbox"/>
	Is the Contractor's Form W-9 Filed with Accounts?
	<input type="checkbox"/>

Funding Certification

Pursuant to T.C.A., Section 9-6-113, I, M. D. Goetz, Jr., Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.

COMPLETE FOR ALL AMENDMENTS ONLY		
	Base Contract & Prior Amendments	This Amendment ONLY
End Date >	6/30/2008	
FY	2001	\$93,648,700.00
FY	2002	\$203,898,435.00
FY	2003	\$255,489,800.00
FY	2004	\$285,784,687.00
FY	2005	\$286,664,044.00
FY	2006	\$205,796,100.00
FY	2007	\$212,376,900.00
FY	2008	\$175,000,000.00
Totals		\$1,718,658,666.00

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FISCAL REVIEW

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AUG 14 2007

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 CONTRACTS & OFFICE OF FISCAL SERVICES MANAGEMENT

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FA 01-14862-18

Department of Finance and Administration

Premier Behavioral Health Systems of Tennessee, LLC

X V- C-

021641638-00

Behavioral Health Organization Services/Medically Necessary Behavioral Services to the TennCare Medicaid Population

1/1/2001

8/30/2008

318.00

135

134

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on STARS

2001	\$24,017,900.00	\$58,830,800.00			\$83,848,700.00
2002	\$74,081,000.00	\$128,837,429.00			\$203,898,435.00
2003	\$92,800,300.00	\$162,888,500.00			\$255,489,800.00
2004	\$101,809,601.00	\$184,181,688.00			\$285,784,687.00
2005	\$101,188,744.00	\$185,500,300.00			\$286,684,044.00
2006	\$73,875,000.00	\$132,121,100.00			\$209,798,100.00
2007	\$76,080,930.00	\$138,345,970.00			\$212,376,900.00
2008	\$63,593,750.00	\$111,488,250.00			\$175,000,000.00
	\$616,888,231.00	\$1,101,772,435.00		\$0.00	\$0.00

93.778 Secretary of Health and Human Services

Scott Pierce

310 Great Circle Road

615-507-6415

X

Scott Pierce

Pursuant to T.C.A., Section 9-6-113, I, M. D. Goetz, Jr., Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.

M. D. Goetz, Jr.

XCS

	8/30/2008	
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2002	\$203,898,435.00	
2003	\$255,489,800.00	
2004	\$285,784,687.00	
2005	\$286,684,044.00	
2006	\$209,798,100.00	
2007	\$212,376,900.00	
2008	\$175,000,000.00	
	\$1,718,858,668.00	

**AMENDMENT NUMBER 19
TO PROVIDER RISK CONTRACT #FA-01-14662**

BETWEEN

**THE STATE OF TENNESSEE DEPARTMENT OF MENTAL HEALTH AND
DEVELOPMENTAL DISABILITIES**

AND

PREMIER BEHAVIORAL SYSTEMS OF TENNESSEE, LLC

For and in consideration of the mutual promises herein contained and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the parties agree to clarify and/or amend the Provider Risk Agreement by and between the State of Tennessee Department of Mental Health and Developmental Disabilities, hereinafter referred to as **TDMHDD**, and Premier Behavioral Systems of Tennessee, LLC hereinafter referred to as the **Contractor**, as follows:

Titles and numbering of paragraphs used herein are for the purpose of facilitating use of reference only and shall not be construed to infer a contractual construction of language.

1. Section 4.7.2 - Payment Methodology

New Tables 5 , 6 & 7 shall be added that read as follows:

The Contractor shall be compensated based on the rates herein for the payment rate categories authorized by the State. Payments shall be subject to withholds as set forth in the CONTRACT. The rates in Tables 5 and 6 shall be applicable from August 1, 2007 through October 31, 2007.

Table 5: Rates – West Enrollment

BHO Rate Ceiling PMPM: August 1, 2007 – October 31, 2007

Age Group	Priority	Non-Priority	State Only & Judicials
0 - 13	\$172.35	\$1.16	849.65
14 – 18	\$265.37	\$7.94	679.77

19 – 20	\$197.62	\$3.21	353.86
21 and over	\$306.49	\$4.87	583.39

**Table 6: Rates – Enrollment aligned with Statewide TennCare Select High
BHO Rate Ceiling PMPM: August 1, 2007 – October 31, 2007**

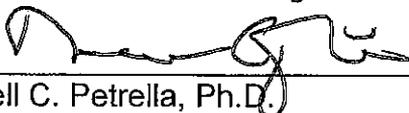
Age Group	Priority	Non-Priority	State Only & Judicials
0 - 13	\$289.52	\$13.57	N/A
14 – 18	\$299.43	\$39.68	N/A
19 - 20	\$246.93	\$7.43	N/A
21 and over	\$365.17	\$7.24	N/A

**Table 7: Rates – Enrollment aligned with TennCare Select Low - Middle
BHO Rate Ceiling PMPM: August 1, 2007 – October 31, 2007**

Age Group	Priority	Non-Priority	State Only & Judicials
0 - 13	\$265.54	\$1.61	N/A
14 – 18	\$300.72	\$9.89	N/A
19 - 20	\$248.84	\$5.09	N/A
21 and over	\$327.76	\$6.34	N/A

All of the provisions of the original Agreement not specifically deleted or modified herein shall remain in full force and effect. Unless a provision contained in this Amendment specifically indicates a different effective date, for purposes of the provisions contained herein, this Amendment shall become effective August 1, 2007, or as of the date it is approved by the U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services.

IN WITNESS THEREOF, the parties have by their duly authorized representatives set their signature.



Russell C. Petrella, Ph.D.
President
Premier Holdings, Inc, Managing Member

8-8-07

DATE

TENNESSEE DEPARTMENT OF MENTAL
HEALTH AND DEVELOPMENTAL DISABILITIES

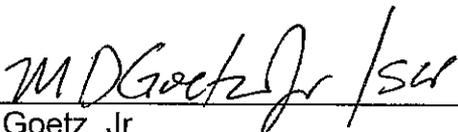


Virginia Trotter Betts, MSN, JD, RN, FAAN
Commissioner

8-10-07

DATE

TENNESSEE DEPARTMENT OF
FINANCE AND ADMINISTRATION:



M.D. Goetz, Jr.
Commissioner

8-10-07

DATE

APPROVED:

TENNESSEE DEPARTMENT OF
FINANCE AND ADMINISTRATION:

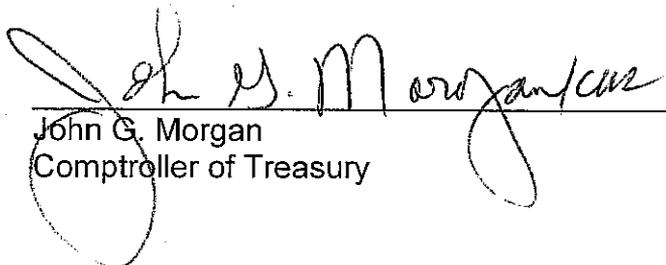


M.D. Goetz, Jr.
Commissioner

8/14/07

DATE

COMPTROLLER OF TREASURY:



John G. Morgan
Comptroller of Treasury

8-15-07

DATE



**GENERAL ASSEMBLY OF THE STATE OF TENNESSEE
FISCAL REVIEW COMMITTEE**

320 Sixth Avenue, North - 8th Floor
NASHVILLE, TENNESSEE 37243-0057
615-741-2564

Rep. Charles Curtiss, Chairman
Representatives

Curt Cobb
Curtis Johnson
Gerald McCormick
Mary Pruitt
Craig Fitzhugh, *ex officio*
Speaker Jimmy Naifeh, *ex officio*

Donna Rowland
David Shepard
Curry Todd
Eddie Yokley

Sen. Douglas Henry, Vice-Chairman
Senators

Doug Jackson
Bill Ketron
Paul Stanley
Randy McNally, *ex officio*
Lt. Governor Ron Ramsey, *ex officio*

Reginald Tate
Jamie Woodson

MEMORANDUM

TO: The Honorable Dave Goetz, Commissioner
Department of Finance and Administration

FROM: Charles Curtiss, Chairman, Fiscal Review Committee
Bill Ketron, Chairman, Contract Services Subcommittee *cc bk*

DATE: August 1, 2007

SUBJECT: **Contract Comments**
(Contract Services Subcommittee Meeting 7/31/07/07)

RFS# 318.66-022

Department: Finance & Administration/Bureau of TennCare

Contractor: Premier Behavioral Health Systems of TN, LLC

Summary: The vendor currently provides behavioral health care services to the TennCare/Medicaid population. This amendment establishes the rates that will be in effect for August 1, 2007, through June 30, 2008. The term of the contract, as well as the maximum liability, remains the same.

Maximum liability: \$1,718,658,666

Maximum liability with amendment: \$1,718,658,666

After review, the Committee voted to approve the proposed contract amendment, subject to the Bureau's determining the amount of contract savings resulting from reduced reimbursement rates, reducing the maximum liability by that amount, and reporting back to the Committee at its meeting on August 28, 2007, concerning the amount of savings and reduction of maximum liability.

cc: Mr. Darin Gordon, Deputy Commissioner
Mr. Robert Barlow, Director, Office of Contracts Review

REQUEST: NON-COMPETITIVE AMENDMENT

APPROVED

Commissioner of Finance & Administration
Date:

Each of the request items below indicates specific information that must be individually detailed or addressed as required. A REQUEST CAN NOT BE CONSIDERED IF INFORMATION PROVIDED IS INCOMPLETE, NON-RESPONSIVE, OR DOES NOT CLEARLY ADDRESS EACH OF THE REQUIREMENTS INDIVIDUALLY AS REQUIRED.

RFS #	318.66-022		
STATE AGENCY NAME :	Department of Finance and Administration Bureau of TennCare		
SERVICE CAPTION :	Behavioral Health Organizations Providing Medically Necessary Behavioral Services to the TennCare/Medicaid Population		
CONTRACT #	FA-01-14662-00	PROPOSED AMENDMENT #	19
CONTRACTOR :	Premier Behavioral Health Systems of Tennessee, LLC		
CONTRACT START DATE :	01/01/2001		
CURRENT, LATEST POSSIBLE END DATE : (including ALL options to extend)	06/30/2008		
CURRENT MAXIMUM LIABILITY :	\$1,718,658,666.00		
LATEST POSSIBLE END DATE WITH PROPOSED AMENDMENT : (including ALL options to extend)	06/30/2008		
TOTAL MAXIMUM COST WITH PROPOSED AMENDMENT : (including ALL options to extend)	\$1,718,658,666.00		
APPROVAL CRITERIA : (select one)	<input checked="" type="checkbox"/> use of Non-Competitive Negotiation is in the best interest of the state		
	<input type="checkbox"/> only one uniquely qualified service provider able to provide the service		
ADDITIONAL REQUIRED REQUEST DETAILS BELOW (address each item immediately following the requirement text)			
(1) description of the proposed additional service and amendment effects :			
This amendment to the existing contract will establish rates that will be in effect for the remainder of the Fiscal Year. Due to the fact that the rates for medical and behavioral services are provided to TennCare through the services of an outside actuary, TennCare was unable to provide these newly established rates in time to the Contractor for review prior to completion of the previous term amendment. Therefore, this amendment proposes these new, agreed upon rates that will be in effect for the remainder of FY '08.			

(2) explanation of need for the proposed amendment :

Provides funding rates and funding mechanism for the remainder of Fiscal Year 2008. No additional dollars are needed to support the agreed upon rates.

(3) name and address of the proposed contractor's principal owner(s) :
(not required if proposed contractor is a state education institution)

Dr. Russ Petrella, Chief Operating Officer
Magellan Behavioral Health
199 Pomeroy Road, 3rd Floor
Parsippany, New Jersey 07054

(4) documentation of OIR endorsement of the Non-Competitive procurement request :
(required only if the subject service involves information technology)

select one:

Documentation Not Applicable to this Request

Documentation Attached to this Request

(5) documentation of Department of Personnel endorsement of the Non-Competitive procurement request :
(required only if the subject service involves training for state employees)

select one:

Documentation Not Applicable to this Request

Documentation Attached to this Request

(6) description of procuring agency efforts to identify reasonable, competitive, procurement alternatives rather than to use non-competitive negotiation :

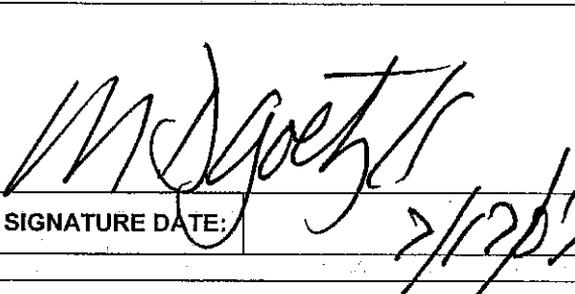
This contract for Behavioral Health Services for the State has been in effect since 2001. This amendment to the existing contract will ensure that services to recipients will continue without interruption and that language will reflect the most recent changes as reflected in item (1) above.

(7) justification of why the F&A Commissioner should approve a Non-Competitive Amendment :

The Bureau of TennCare is currently modifying all of the BHO contracts to provide specific rates that will carry through the remainder of the Fiscal Year. These BHO contracts provide necessary Behavioral Health Services to the TennCare/Medicaid population and TennCare would greatly appreciate approval of this amendment by the Commissioner of Finance and Administration.

AGENCY HEAD REQUEST SIGNATURE:

(must be signed by the ACTUAL procuring agency head as detailed on the Signature Certification on file with OCR — signature by an authorized signatory will be accepted only in documented exigent circumstances)


SIGNATURE DATE: 7/17/07



STATE OF TENNESSEE
BUREAU OF TENNCARE
310 Great Circle Road
NASHVILLE, TENNESSEE 37243

July 17, 2008

Mr. Jim White, Director
Fiscal Review Committee
8th Floor, Rachel Jackson Bldg.
Nashville, TN 37243

Attention: Ms. Leni Chick

RE: Bureau of TennCare
Contracts Submitted for Fiscal Review

RECEIVED
JUL 18 2007
FISCAL REVIEW

Dear Mr. White:

The Department of Finance and Administration, Bureau of TennCare, is submitting for consideration by the Fiscal Review Committee amendment #1 to ACS State Healthcare, LLC, RFS 318.65-216. This competitively bid contract was awarded to ACS to provide a Call Center for TennCare enrollees to address their concerns regarding assistance in receiving necessary medical care, accessing information as specified by TennCare for follow-up, and resolution of medical issues and appeals. The payment methodology in the current contract is based on a per call rate, however, during the course of this contract, it has become apparent that occasional system applications modifications are necessary to accommodate changes to the TennCare State Plan or any waiver amendments. Therefore, TennCare is amending the contract to establish language allowing these modifications and provide funding to support the changes requested.

Additionally, TennCare is submitting amendment #5 to First Health Services Corporation, the competitively awarded contract for TennCare's Pharmacy Claims Processing and Preferred Drug List Development and Management. Per language in the Request for Proposal and eventual awarded contract, TennCare is exercising our option to extend this contract for an additional six months. The payment rates established in the previous referenced RFP have been negotiated and reduced, therefore less funds will be spent on the continuation of services for this six month period of time. No additional funding is required to proceed with this extension of services.

Mr. Jim White
July 17, 2008
Page 2

The three Behavioral Health Organizations (BHOs) listed below are being amended to establish rates that will be in effect for the remainder of the Fiscal Year. Due to the fact that the rates for medical and behavioral services are provided to TennCare through the services of an independent actuary, TennCare was unable to provide these newly established rates in time to the Contractor for review prior to completion of the previous term amendment. Therefore, this amendment proposes the actual, agreed upon rates that will be in effect for the remainder of FY '08.

Premier Behavioral Health Systems of TN, LLC	FA-01-14662-19
Tennessee Behavioral Health, Inc.	FA-05-16089-09
Tennessee Behavioral Health, Inc.	FA-01-14661-18

The Bureau of TennCare would greatly appreciate the consideration and approval of these amendments by the Fiscal Review Committee.

Sincerely,



Scott Pierce
Chief Financial Officer

cc: Darin J. Gordon, Deputy Commissioner
Alma Chilton, Contract Coordinator

CONTRACT SUMMARY SHEET

RFS Number	318.66-022	Contract Number	FA 01-14662-19
State Agency	Department of Finance and Administration	Division	

Contractor	Contractor Identification Number				
Premier Behavioral Health Systems of Tennessee, LLC	621641638-00				
<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">X</td> <td style="width: 20px; text-align: center;">V-</td> </tr> <tr> <td style="width: 20px; text-align: center;"></td> <td style="width: 20px; text-align: center;">C-</td> </tr> </table>	X	V-		C-	
X	V-				
	C-				

Service Description

Behavioral Health Organization Services/Medically Necessary Behavioral Services to the TennCare Medicaid Population

Contract Begin Date	Contract End Date
1/1/2001	6/30/2008

Allman Code	Cost Center	Object Code	Fund	Grant	Grant Code	Subgrant Code
318.66	135	134	11	on STARS		

FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	Total Contract Amount (include ALL amendments)
2001	\$34,017,900.00	\$59,630,800.00			\$93,648,700.00
2002	\$74,061,006.00	\$129,837,429.00			\$203,898,435.00
2003	\$92,800,300.00	\$162,689,500.00			\$255,489,800.00
2004	\$101,603,601.00	\$184,181,086.00			\$285,784,687.00
2005	\$101,163,744.00	\$185,500,300.00			\$286,664,044.00
2006	\$73,675,000.00	\$132,121,100.00			\$205,796,100.00
2007	\$76,030,930.00	\$136,345,970.00			\$212,376,900.00
2008	\$63,533,750.00	\$111,466,250.00			\$175,000,000.00
Total	\$616,886,231.00	\$1,101,772,435.00	\$0.00	\$0.00	\$1,718,658,666.00

CFDA Number: 93.778 Secretary of Health and Human Services State Fiscal Contact: Name: Scott Pierce Address: 310 Great Circle Road Phone: 615-507-6415 Procuring Agency Budget Officer Signature:	Check the box (below) ONLY if the answer is YES: Is the Contractor a SUBRECIPIENT? (per OMB A-133) <input checked="" type="checkbox"/> X Is the Contractor a VENDOR? (per OMB A-133) <input type="checkbox"/> Is the Fiscal Year Funding STRICTLY LIMITED? <input type="checkbox"/> Is the Contractor on STARS? <input type="checkbox"/> Is the Contractor's FORM W-9 ATTACHED? <input type="checkbox"/> Is the Contractor's Form W-9 Filed with Accounts? <input type="checkbox"/> Funding Certification
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Pursuant to T.C.A., Section 9-6-113, I, M. D. Goetz, Jr., Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.

RECEIVED

JUL 18 2007

FISCAL REVIEW

COMPLETE FOR ALL AMENDMENTS (only)		
End Date	Base Contract & Prior Amendments	This Amendment ONLY
	6/30/2008	
FY 2001	\$93,648,700.00	
FY 2002	\$203,898,435.00	
FY 2003	\$255,489,800.00	
FY 2004	\$285,784,687.00	
FY 2005	\$286,664,044.00	
FY 2006	\$205,796,100.00	
FY 2007	\$212,376,900.00	
FY 2008	\$175,000,000.00	
Totals	\$1,718,658,666.00	

Leni Chick

From: Alma Chilton [Alma.Chilton@state.tn.us]
Sent: Tuesday, July 24, 2007 3:59 PM
To: Leni Chick
Cc: Scott Pierce
Subject: BHO Amendments
Importance: High

Leni,

I'm forwarding the BHO amendments with rate tables that will carry us forward August 1 through the remainder of the Fiscal Year. Due to the negotiations between three parties, TennCare, Magellan and our actuary, we have yet to have definite rates, but expect that we will within the next couple of days. In good conscience, we do not want to put rates in these amendments that we are not certain will be approved by all parties. We are confident that by the committee day we will be able to provide these rates. The maximum liability that is in the current contracts will not change regardless of the rates. Let me know if you have any questions.

Thanks!

Alma

Alma Chilton
Contract Coordinator
Bureau of TennCare
310 Great Circle Road
Nashville, TN 37243
Phone: 615-507-6384
Fax: 615-253-5414
Email: Alma.Chilton@state.tn.us

**AMENDMENT NUMBER 19
TO PROVIDER RISK CONTRACT #FA-01-14662**

BETWEEN

**THE STATE OF TENNESSEE DEPARTMENT OF MENTAL HEALTH AND
DEVELOPMENTAL DISABILITIES**

AND

PREMIER BEHAVIORAL SYSTEMS OF TENNESSEE, LLC

For and in consideration of the mutual promises herein contained and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the parties agree to clarify and/or amend the Provider Risk Agreement by and between the State of Tennessee Department of Mental Health and Developmental Disabilities, hereinafter referred to as **TDMHDD**, and Premier Behavioral Systems of Tennessee, LLC hereinafter referred to as the **Contractor**, as follows:

Titles and numbering of paragraphs used herein are for the purpose of facilitating use of reference only and shall not be construed to infer a contractual construction of language.

1. Section 4.7.2 - Payment Methodology

New Tables 5 & 6 shall be added that read as follows:

The Contractor shall be compensated based on the rates herein for the payment rate categories authorized by the State. Payments shall be subject to withholds as set forth in the CONTRACT. The rates in Tables 5 and 6 shall be applicable from August 1, 2007 through June 30, 2008.

Table 5: Rates – General Enrollment

BHO Rate Ceiling PMPM: August 1, 2007 – June 30, 2008

Age Group	Priority	Non-Priority	State Only & Judicials
0 - 13	\$265.16	\$1.61	N/A
14 – 18	\$299.50	\$9.88	N/A

19 – 20	\$244.38	\$5.09	N/A
21 and over	\$318.62	\$6.34	N/A

**Table 6: Rates – Enrollment aligned with Statewide TennCare Select High
BHO Rate Ceiling PMPM: August 1, 2007 – June 30, 2008**

Age Group	Priority	Non-Priority	State Only & Judicials
0 - 13	\$289.52	\$13.57	N/A
14 – 18	\$299.43	\$39.68	N/A
19 - 20	\$246.93	\$7.43	N/A
21 and over	\$365.17	\$7.24	N/A

All of the provisions of the original Agreement not specifically deleted or modified herein shall remain in full force and effect. Unless a provision contained in this Amendment specifically indicates a different effective date, for purposes of the provisions contained herein, this Amendment shall become effective August 1, 2007, or as of the date it is approved by the U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services.

IN WITNESS THEREOF, the parties have by their duly authorized representatives set their signature.

Russell C. Petrella, Ph.D.
President
Premier Holdings, Inc, Managing Member

DATE

TENNESSEE DEPARTMENT OF MENTAL
HEALTH AND DEVELOPMENTAL DISABILITIES

Virginia Trotter Betts, MSN, JD, RN, FAAN
Commissioner

DATE

TENNESSEE DEPARTMENT OF
FINANCE AND ADMINISTRATION:

M.D. Goetz, Jr.
Commissioner

DATE

APPROVED:

TENNESSEE DEPARTMENT OF
FINANCE AND ADMINISTRATION:

M.D. Goetz, Jr.
Commissioner

DATE

COMPTROLLER OF TREASURY:

John G. Morgan
Comptroller of Treasury

DATE

CONTRACT SUMMARY SHEET

RFS Number	318.66-022	Contract Number	FA 01-14662-18
State Agency	Department of Finance and Administration	Division	
Contractor		Contractor Identification Number	
Premier Behavioral Health Systems of Tennessee, LLC		X	V-
			C-
621641638-00			

Service Description

Behavioral Health Organization Services/Medically Necessary Behavioral Services to the TennCare Medicaid Population

Contract Start Date	Contract End Date
1/1/2001	6/30/2008

Allotment Code	Cost Center	Objct. Code	Fund	Grant	Grant Code	Subgrant Code
318.66	135	134	11	on STARS		

FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	Total Contract Amount (include ALL amendments)
2001	\$34,017,900.00	\$59,630,800.00			\$93,648,700.00
2002	\$74,061,006.00	\$129,837,429.00			\$203,898,435.00
2003	\$92,800,300.00	\$162,689,500.00			\$255,489,800.00
2004	\$101,603,601.00	\$184,181,086.00			\$285,784,687.00
2005	\$101,163,744.00	\$185,500,300.00			\$286,664,044.00
2006	\$73,675,000.00	\$132,121,100.00			\$205,796,100.00
2007	\$76,030,930.00	\$136,345,970.00			\$212,376,900.00
2008	\$63,533,750.00	\$111,466,250.00			\$175,000,000.00
Totals	\$616,886,231.00	\$1,101,772,435.00	\$0.00	\$0.00	\$1,718,658,666.00

C.D. Number: 93.776 Secretary of Health and Human Services	Check the box (below) ONLY if the answer is YES:
State Fiscal Contact	Is the Contractor a SUBRECIPIENT? (per CMB A-133) <input checked="" type="checkbox"/>
Name: Scott Pierce	Is the Contractor a VENDOR? (per CMB A-133) <input type="checkbox"/>
Address: 310 Great Circle Road	Is the Fiscal Year Funding STRICTLY LIMITED? <input type="checkbox"/>
Phone: 615-507-6415	Is the Contractor on STARS? <input type="checkbox"/>
Procuring Agency Budget Officer Signature: 	Is the Contractor's FORM W-9 ATTACHED? <input type="checkbox"/>
	Is the Contractor's Form W-9 Filed with Accounts? <input type="checkbox"/>

COMPLETE FOR ALL AMENDMENTS (only)

Pursuant to T.C.A., Section 9-6-113, I, M. D. Goetz, Jr., Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.

FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	Total Contract Amount
	\$93,648,700.00				
	\$203,898,435.00				
	\$255,489,800.00				
	\$285,784,687.00				
	\$286,664,044.00				
	\$205,796,100.00				
	\$212,376,900.00			\$0.00	
	\$175,000,000.00				\$175,000,000.00
Totals	\$1,543,658,666.00				\$175,000,000.00

CONTRACT SUMMARY SHEET

RFS Number:	318.66-022	Contract Number:	FA 01-14662-17					
State/Agency:	Department of Finance and Administration	Division:						
Contractor:		Contractor Identification Number:						
Premier Behavioral Health Systems of Tennessee, LLC		<table border="1" style="border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">X</td> <td style="width: 20px; text-align: center;">V-</td> </tr> <tr> <td style="width: 20px;"></td> <td style="width: 20px; text-align: center;">C-</td> </tr> </table>	X	V-		C-	621641638-00	
X	V-							
	C-							

Service Description

Behavioral Health Organization Services/Medically Necessary Behavioral Services to the TennCare Medicaid Population

Contract Begin Date:	Contract End Date:
1/1/2001	6/30/2007

Allotment Code	Cost Center	Object Code	Fund	Grant	Grant Code	Subgrant Code
318.66	135	134	11	on STARS		

FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	Total Contract Amount (include ALL amendments)
2001	\$34,017,900.00	\$59,630,800.00			\$93,648,700.00
2002	\$74,061,006.00	\$129,837,429.00			\$203,898,435.00
2003	\$92,800,300.00	\$162,689,500.00			\$255,489,800.00
2004	\$101,603,601.00	\$184,181,086.00			\$285,784,687.00
2005	\$101,163,744.00	\$185,500,300.00			\$286,664,044.00
2006	\$73,675,000.00	\$132,121,100.00			\$205,796,100.00
2007	\$76,030,930.00	\$136,345,970.00			\$212,376,900.00
Total:	\$553,352,481.00	\$990,306,185.00	\$0.00	\$0.00	\$1,543,658,666.00

RECEIVED

JAN 11 2007

FISCAL REVIEW

CFDA Number:	93.778 Secretary of Health and Human Services	Check the box (below) ONLY if the answer is YES:	
State Fiscal Contact		Is the Contractor a SUBRECIPIENT? (per OMB A-153)	<input checked="" type="checkbox"/>
Name: Scott Pierce		Is the Contractor a VENDOR? (per OMB A-153)	<input type="checkbox"/>
Address: 310 Great Circle Road		Is the Fiscal Year Funding STRICTLY LIMITED?	<input type="checkbox"/>
Phone: 615-507-6415		Is the Contractor on STARS?	<input type="checkbox"/>
Procuring Agency/Budget Officer Signature		Is the Contractor's FORM W-9 ATTACHED?	<input type="checkbox"/>
		Is the Contractor's Form W-9 Filed with Accounts?	<input type="checkbox"/>

COMPLETE FOR ALL AMENDMENTS (only)		
End Date	Base Contract or Prior Amendments	This Amendment ONLY
6/30/2007		
FY 2001	\$93,648,700.00	
FY 2002	\$203,898,435.00	
FY 2003	\$255,489,800.00	
FY 2004	\$285,784,687.00	
FY 2005	\$286,664,044.00	
FY 2006	\$205,796,100.00	
FY 2007	\$212,376,900.00	\$0.00
Totals:	\$1,543,658,666.00	\$0.00

Pursuant to T.C.A., Section 9-6-113, I, M. D. Goetz, Jr., Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.

RECEIVED
 2006 DEC 29 PM 12:16
 COMPTROLLER'S OFFICE
 OFFICE OF
 MANAGEMENT SERVICES

CONTRACT SUMMARY SHEET

RFS Number:	318.66-022	Contract Number:	FA 01-14662-16
State Agency:	Department of Finance and Administration	Division:	

Contractor	Contractor Identification Number
Premier Behavioral Health Systems of Tennessee, LLC	621641638-00
<input checked="" type="checkbox"/> X	<input type="checkbox"/> V-
	<input type="checkbox"/> C-

Service Description

Behavioral Health Organization Services/Medically Necessary Behavioral Services to the TennCare Medicaid Population

Contract Begin Date	Contract End Date
1/1/2001	6/30/2007

Allotment Code	Cost Center	Object Code	Fund	Grant	Grant Code	Subgrant Code
318.66	135	134	11	on STARS		

FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	Total Contract Amount (include ALL amendments)
2001	\$34,017,900.00	\$59,630,800.00			\$93,648,700.00
2002	\$74,061,006.00	\$129,837,429.00			\$203,898,435.00
2003	\$92,800,300.00	\$162,689,500.00			\$255,489,800.00
2004	\$101,603,601.00	\$184,181,086.00			\$285,784,687.00
2005	\$101,163,744.00	\$185,500,300.00			\$286,664,044.00
2006	\$73,675,000.00	\$132,121,100.00			\$205,796,100.00
2007	\$76,030,930.00	\$136,345,970.00			\$212,376,900.00
Total:	\$553,352,481.00	\$990,306,185.00	\$0.00	\$0.00	\$1,543,658,666.00

CFDA Number:	93.778 Secretary of Health and Human Services	Check the box (below) ONLY if the answer is YES
State Fiscal Contact		Is the Contractor a SUBRECIPIENT? (per OMB A-133)
Name:	Scott Pierce	<input checked="" type="checkbox"/> X
Address:	310 Great Circle Road	Is the Contractor a VENDOR? (per OMB A-133)
Phone:	615-507-6415	<input type="checkbox"/>
Procuring Agency Budget Officer Signature		Is the Fiscal Year Funding STRICTLY LIMITED?
		<input type="checkbox"/>
		Is the Contractor on STARS?
		<input type="checkbox"/>
		Is the Contractor's FORM W-9 ATTACHED?
		<input type="checkbox"/>
		Is the Contractors Form W-9 Filed with Accounts?
		<input type="checkbox"/>

COMPLETE FOR ALL AMENDMENTS (only)			
	Base Contract & Prior Amendments	This Amendment ONLY	
End Date >	6/30/2007		
FY:	2001	\$93,648,700.00	
FY:	2002	\$203,898,435.00	
FY:	2003	\$255,489,800.00	
FY:	2004	\$285,784,687.00	
FY:	2005	\$286,664,044.00	
FY:	2006	\$205,796,100.00	
	2007	\$212,376,900.00	\$0.00
Totals:	\$1,543,658,666.00		\$0.00

Funding Certification
 Pursuant to T.C.A., Section 9-6-113, I, M. D. Goetz, Jr., Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.

CONTRACT SUMMARY SHEET

RFS Number:	318.66-022	Contract Number:	FA 01-14662-15
State Agency:	Department of Finance and Administration	Division:	

Contractor:	Contractor Identification Number:				
Premier Behavioral Health Systems of Tennessee, LLC	<table border="1" style="margin: auto;"> <tr> <td style="width: 20px; text-align: center;">X</td> <td style="width: 20px; text-align: center;">V-</td> </tr> <tr> <td style="width: 20px;"></td> <td style="width: 20px; text-align: center;">C-</td> </tr> </table>	X	V-		C-
X	V-				
	C-				
621641638-00					

Service Description

Behavioral Health Organization Services/Medically Necessary Behavioral Services to the TennCare Medicaid Population

Contract Begin Date:	Contract End Date:
1/1/2001	6/30/2007

Allotment Code	Cost Center	Object Code	Fund	Grant	Grant Code	Subgrant Code
318.66	135	134	11	on STARS		

FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	Total Contract Amount include ALL amendments
2001	\$34,017,900.00	\$59,630,800.00			\$93,648,700.00
2002	\$74,061,006.00	\$129,837,429.00			\$203,898,435.00
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2007	\$76,030,930.00	\$136,345,970.00			\$212,376,900.00
Total:	\$553,352,481.00	\$990,306,185.00	\$0.00	\$0.00	\$1,543,658,666.00

CFDA Number:	93.778 Secretary of Health and Human Services	Check the box (below) ONLY if the answer is YES
State Fiscal Contact		Is the Contractor a SUBRECIPIENT? (per OMB A-133)
Name: Scott Pierce		<input checked="" type="checkbox"/>
Address: 310 Great Circle Road		Is the Contractor a VENDOR? (per OMB A-133)
Phone: 615-507-6415		<input type="checkbox"/>
Procuring Agency Budget Officer Signature		Is the Fiscal Year Funding STRICTLY LIMITED?
		<input type="checkbox"/>
		Is the Contractor on STARS?
		<input type="checkbox"/>
		Is the Contractor's FORM W-9 ATTACHED?
		<input type="checkbox"/>
		Is the Contractor's Form W-9 Filed with Accounts?
		<input type="checkbox"/>

COMPLETE FOR ALL AMENDMENTS (only)		
	Base Contract or Prior Amendments	This Amendment ONLY
End Date >	6/30/2007	
FY	2001	\$93,648,700.00
FY	2002	\$203,898,435.00
FY	2003	\$255,489,800.00
FY	2004	\$285,784,687.00
FY	2005	\$286,664,044.00
FY	2006	\$205,796,100.00
FY	2007	\$212,376,900.00
Totals:	\$1,331,281,766.00	\$212,376,900.00

Pursuant to T.C.A., Section 9-6-113, I, M. D. Goetz, Jr., Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.

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FISCAL REVIEW

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COMPTROLLER'S OFFICE
OFFICE OF
MANAGEMENT SERVICES

CONTRACT SUMMARY SHEET

RFS Number:	318.66-022	Contract Number:	FA 01-14662-14
State Agency:	Department of Finance and Administration	Division:	TennCare

Contractor:	Contractor Identification Number:
Premier Behavioral Health Systems of Tennessee, LLC	621641638-00

Service Description

Behavioral Health Organization Services/Medically Necessary Behavioral Services to the TennCare Medicaid Population

Contract Begin Date:	Contract End Date:
1/1/2001	6/30/2007

Allotment Code	Cost Center	Object Code	Fund	Grant	Grant Code	Subgrant Code
318.66	131	134	11	on STARS		

FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	Total Contract Amount <small>(include ALL amendments)</small>
2001	\$34,017,900.00	\$59,630,800.00			\$93,648,700.00
2002	\$74,061,006.00	\$129,837,429.00			\$203,898,435.00
2003	\$92,800,300.00	\$162,689,500.00			\$255,489,800.00
2004	\$101,603,601.00	\$184,181,086.00			\$285,784,687.00
2005	\$101,163,744.00	\$185,500,300.00			\$286,664,044.00
2006	\$73,675,000.00	\$132,121,100.00			\$205,796,100.00
Total	\$477,321,551.00	\$853,960,215.00	\$0.00	\$0.00	\$1,331,281,766.00

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FISCAL REVIEW

CFDA Number: 93.778 Secretary of Health and Human Services	Check the box (below) ONLY if the answer is YES:
State Fiscal Contact	Is the Contractor a SUBRECIPIENT? (per OMB A-133) <input checked="" type="checkbox"/>
Name: Scott Pierce	Is the Contractor a VENDOR? (per OMB A-133) <input type="checkbox"/>
Address: 310 Great Circle Road	Is the Fiscal Year Funding STRICTLY LIMITED? <input type="checkbox"/>
Phone: 615-507-6415	Is the Contractor on STARS? <input type="checkbox"/>
Procuring Agency Budget Officer Signature: 	Is the Contractor's FORM W-9 ATTACHED? <input type="checkbox"/>
	Is the Contractor's Form W-9 Filed with Accounts? <input type="checkbox"/>

COMPLETE FOR ALL AMENDMENTS (only)

		Base Contract & Prior Amendments	This Amendment ONLY
End Date >		6/30/2006	6/30/2007
FY	2001	\$93,648,700.00	
FY	2002	\$203,898,435.00	
FY	2003	\$255,489,800.00	
FY	2004	\$285,784,687.00	
FY	2005	\$286,664,044.00	
FY	2006	\$189,992,200.00	\$15,803,900.00
Totals:		\$1,315,477,866.00	\$15,803,900.00

Pursuant to T.C.A., Section 9-6-113, I, M. D. Goetz, Jr., Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously included.

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OFFICE OF
MANAGEMENT SERVICES

CONTRACT SUMMARY SHEET

RFS Number:	318.66-022	Contract Number:	FA 01-14662-13
State Agency:	Department of Finance and Administration	Division:	TennCare
Contractor:		Contractor Identification Number:	
Premier Behavioral Health Systems of Tennessee, LLC		X	V-
			C-
		621641638-00	

Service Description:
Behavioral Health Organization Services/Medically Necessary Behavioral Services to the TennCare Medicaid Population

Contract Begin Date:	Contract End Date:
1/1/2001	6/30/2006

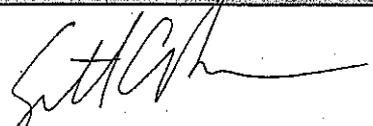
Allotment Code:	Cost Center:	Object Code:	Fund:	Grant:	Grant Code:	Subgrant Code:
318.66	131	134	11	on STARS		

FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	Total Contract Amount include ALL amendments
2001	\$34,017,900.00	\$59,630,800.00			\$93,648,700.00
2002	\$74,061,006.00	\$129,837,429.00			\$203,898,435.00
2003	\$92,800,300.00	\$162,689,500.00			\$255,489,800.00
2004	\$101,603,601.00	\$184,181,086.00			\$285,784,687.00
2005	\$101,163,744.00	\$185,500,300.00			\$286,664,044.00
2006	\$68,026,700.00	\$121,965,500.00			\$189,992,200.00
Total:	\$471,673,251.00	\$843,804,615.00	\$0.00	\$0.00	\$1,315,477,866.00

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FISCAL REVIEW

CFDA Number:	93.778 Secretary of Health and Human Services	Check the box (below) ONLY if the answer is YES:	
State/Fiscal Contact		Is the Contractor a SUBRECIPIENT? (per OMB A-133)	X
Name:	Scott Pierce	Is the Contractor a VENDOR? (per OMB A-133)	
Address:	310 Great Circle Road	Is the Fiscal Year Funding STRICTLY LIMITED?	
Phone:	615-507-6415	Is the Contractor on STARS?	
Procuring Agency Budget Officer Signature		Is the Contractor's FORM W-9 ATTACHED?	
		Is the Contractor's Form W-9 Filed with Accounts?	
Funding Certification			

Pursuant to T.C.A., Section 9-6-113, I, M. D. Goetz, Jr., Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.

COMPLETE FOR ALL AMENDMENTS (only)

End Date >		Base Contract & Prior Amendments	This Amendment ONLY
6/30/2006			
FY	2001	\$93,648,700.00	
FY	2002	\$203,898,435.00	
FY	2003	\$255,489,800.00	
FY	2004	\$285,784,687.00	
FY	2005	\$286,664,044.00	
FY	2006	\$286,664,044.00	-\$96,671,844.00
Totals:		\$1,412,149,710.00	-\$96,671,844.00

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Office of Contracts Review

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2005 SEP 28 PM 3:12
COMPTROLLER'S OFFICE
OFFICE OF
MANAGEMENT SERVICES

CONTRACT SUMMARY SHEET

RFS Number:	318.66-022	Contract Number:	FA 01-14662-12
State Agency:	Department of Finance and Administration	Division:	TennCare
Contractor:		Contractor Identification Number:	
Premier Behavioral Health Systems of Tennessee, LLC		X	V-
			C-
		621641638-00	

Service Description

Behavioral Health Organization Services/Medically Necessary Behavioral Services to the TennCare Medicaid Population

Contract Begin Date	Contract End Date
1/1/2001	6/30/2006

Allotment Code	Cost Center	Object Code	Fund	Grant	Grant Code	Subgrant Code
318.66	131	134	11	on STARS		

FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	Total Contract Amount (include ALL amendments)
2001	\$34,017,900.00	\$59,630,800.00			\$93,648,700.00
2002	\$74,061,006.00	\$129,837,429.00			\$203,898,435.00
2003	\$92,800,300.00	\$162,689,500.00			\$255,489,800.00
2004	\$101,603,601.00	\$184,181,086.00			\$285,784,687.00
2005	\$101,163,744.00	\$185,500,300.00			\$286,664,044.00
2006	\$101,163,744.00	\$185,500,300.00			\$286,664,044.00
Total	\$504,810,295.00	\$907,339,415.00	\$0.00	\$0.00	\$1,412,149,710.00

CFDA Number:	93.778 Secretary of Health and Human Services	Check the box (below) ONLY if the answer is YES	
State Fiscal Contact		Is the Contractor a SUBRECIPIENT? (per OMB A-133)	<input checked="" type="checkbox"/>
Name:	Scott Pierce	Is the Contractor a VENDOR? (per OMB A-133)	<input type="checkbox"/>
Address:	729 Church Street Nashville, TN	Is the Fiscal Year Funding STRICTLY LIMITED?	<input type="checkbox"/>
Phone:	615-532-1362	Is the Contractor on STARS?	<input type="checkbox"/>
Procuring Agency Budget Officer Signature		Is the Contractor's FORM W-9 ATTACHED?	<input type="checkbox"/>
		Is the Contractor's Form W-9 Filed with Accounts?	<input type="checkbox"/>

Funding Certification

Pursuant to T.C.A., Section 9-6-113, I, M. D. Goetz, Jr., Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.

COMPLETE FOR ALL AMENDMENTS (only)		
	Base Contract & Prior Amendments	This Amendment ONLY
End Date >	12/31/2005	6/30/2006
FY 2001	\$93,648,700.00	
FY 2002	\$203,898,435.00	
FY 2003	\$255,489,800.00	
FY 2004	\$285,784,687.00	
FY 2005	\$286,664,044.00	
FY 2006		\$286,664,044.00
Totals	\$1,125,485,666.00	\$286,664,044.00

CONTRACT SUMMARY SHEET

RFS Number	318.66-022	Contract Number	FA 01-14662-11
State Agency	Department of Finance and Administration	Division	TennCare
Contractor		Contractor Identification Number	
Premier Behavioral Health Systems of Tennessee, LLC		<input checked="" type="checkbox"/> X <input type="checkbox"/> V- <input type="checkbox"/> <input type="checkbox"/> C-	621641638-00

Service Description

Behavioral Health Organization Services/Medically Necessary Behavioral Services to the TennCare Medicaid Population

Contract Begin Date	Contract End Date
1/1/2001	12/31/2005

Allocation Code	Cost Center	Object Code	Fund	Grant	Grant Code	Subgrant Code
318.66	131	134	11	on STARS		
FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	Total Contract Amount (includes All Amendments)	
2001	\$34,017,900.00	\$59,630,800.00			\$93,648,700.00	
2002	\$74,061,006.00	\$129,837,429.00			\$203,898,435.00	
2003	\$92,800,300.00	\$162,689,500.00			\$255,489,800.00	
2004	\$101,603,601.00	\$184,181,086.00			\$285,784,687.00	
2005	\$101,163,744.00	\$185,500,300.00			\$286,664,044.00	
Total	\$403,646,551.00	\$721,839,115.00	\$0.00	\$0.00	\$1,125,485,666.00	

CFDA Number	93.778 Secretary of Health and Human Services	Check the box (below) ONLY if the answer is YES.	
State Fiscal Contact		Is the Contractor a SUBRECIPIENT? (per OMB A-133)	<input checked="" type="checkbox"/> X
Name: Scott Pierce		Is the Contractor a VENDOR? (per OMB A-133)	<input type="checkbox"/>
Address: 729 Church Street Nashville, TN		Is the fiscal year Funding STRICTLY LIMITED?	<input type="checkbox"/>
Phone: 615-532-1362		Is the Contractor on STARs?	<input type="checkbox"/>
Procuring Agency Budget Officer Signature		Is the Contractor's FORM W-9 ATTACHED?	<input type="checkbox"/>
		Is the Contractor's Form W-9 Filed with Accounts?	<input type="checkbox"/>
		Funding Certification	

Pursuant to T.C.A., Section 9-6-113, I, M. D. Goetz, Jr., Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.

COMPLETE FOR ALL AMENDMENTS (only)		
End Date	Base Contract (Include Amendments)	This Amendment ONLY
12/31/2005		
FY 2001	\$93,648,700.00	
FY 2002	\$203,898,435.00	
FY 2003	\$255,489,800.00	
FY 2004	\$285,784,687.00	
FY 2005	\$281,118,092.00	\$5,545,952.00
FY		
Totals	\$1,119,939,714.00	\$5,545,952.00

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PREP REVIEW

CONTRACT SUMMARY SHEET

RFS Number	318.66-022	Contract Number	FA 01-14662-10
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State Agency	Department of Finance and Administration	Division	TennCare
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Contractor	Contractor Identification Number		
Premier Behavioral Health Systems of Tennessee, LLC	X	V-	621641638-00
		C-	

Service Description
Behavioral Health Organization Services/Medically Necessary Behavioral Services to the TennCare Medicaid Population

Contract Begin Date	Contract End Date
1/1/2001	12/31/2005

Allotment Code	Cost Center	Object Code	Fund	Grant	Grant Code	Subgrant Code
318.66	131	134	11	on STARS		

FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	Total Contract Amount (include ALL amendments)
2001	\$34,017,900.00	\$59,630,800.00			\$93,648,700.00
2002	\$74,061,006.00	\$129,837,429.00			\$203,898,435.00
2003	\$92,800,300.00	\$162,689,500.00			\$255,489,800.00
2004	\$101,603,601.00	\$184,181,086.00			\$285,784,687.00
2005	\$99,213,603.00	\$181,904,489.00			\$281,118,092.00
Total	\$401,696,410.00	\$718,243,304.00	\$0.00	\$0.00	\$1,119,939,714.00

GFDA Number	Check the box (below) ONLY if the answer is YES
State Fiscal Contact	Is the Contractor a SUBRECIPIENT? (per OMB A-133) <input checked="" type="checkbox"/>
Name: Scott Pierce	Is the Contractor a VENDOR? (per OMB A-133)
Address: 729 Church Street Nashville, TN	Is the Fiscal Year Funding STRICTLY LIMITED?
Phone: 615-532-1362	Is the Contractor on STARS?
Procuring Agency Budget Officer Signature	Is the Contractor's FORM W-9 ATTACHED?
	Is the Contractor's Form W-9 Filed with Accounts?



COMPLETE FOR ALL AMENDMENTS (only)		
	Base Contract or All Amendments	This Amendment ONLY
End Date	6/30/2004	6/30/2005
FY	2001	\$93,648,700.00
	2002	\$203,898,435.00
	2003	\$255,489,800.00
	2004	\$285,784,687.00
	2005	\$281,118,092.00
	Totals:	\$838,821,622.00
		\$281,118,092.00

Funding Certification
 Pursuant to T.C.A., Section 9-6-113, I, M. D. Goetz, Jr., Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.

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CONTRACT SUMMARY SHEET

RFS Number	318.66-022	Contract Number	FA 01-14662-09
State Agency	Department of Finance and Administration	Division	TennCare
Contractor		Contractor Identification Number	
Premier Behavioral Health Systems of Tennessee, LLC		<input checked="" type="checkbox"/> X	<input type="checkbox"/> V-
		<input type="checkbox"/>	<input type="checkbox"/> C-
621641638-00			

Service Description

Behavioral Health Organization Services/Medically Necessary Behavioral Services to the TennCare Medicaid Population

Contract Begin Date	Contract End Date
1/1/2001	6/30/2004

Allotment Code	Cost Center	Object Code	Fund	Grant	Grant Code	Subgrant Code
318.66	131	134	11	on STARS		

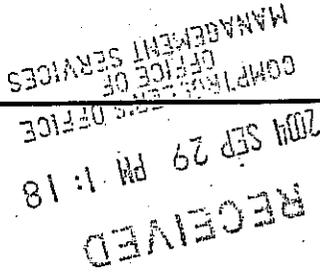
FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	Total Contract Amount Include All Amendments
2001	\$34,017,900.00	\$59,630,800.00			\$93,648,700.00
2002	\$74,061,006.00	\$129,837,429.00			\$203,898,435.00
2003	\$92,800,300.00	\$162,689,500.00			\$255,489,800.00
2004	\$101,603,601.00	\$184,181,086.00			\$285,784,687.00
					\$0.00
					\$0.00
Total	\$302,482,807.00	\$536,338,815.00	\$0.00	\$0.00	\$838,821,622.00

CFDA Number	Check the box (below) ONLY if the answer IS YES
State Fiscal Contact	Is the Contractor a SUBRECIPIENT? (per OMB A-133) <input checked="" type="checkbox"/> X
Name: Scott Pierce	Is the Contractor a VENDOR? (per OMB A-133)
Address: 729 Church Street Nashville, TN	Is the Fiscal Year Funding STRICTLY LIMITED?
Phone: 615-532-1362	Is the Contractor on STARS?
Procuring Agency Budget Officer Signature	Is the Contractor's FORM W-9 ATTACHED?
	Is the Contractor's Form W-9 Filled with Accounts?

Funding Certification

Pursuant to T.C.A., Section 9-6-113, I, M. D. Goetz, Jr., Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.

COMPLETE FOR ALL AMENDMENTS (only)		
End Date	Base Contract & Prior Amendments	This Amendment ONLY
6/30/2004		
FY 2001	\$93,648,700.00	
FY 2002	\$203,898,435.00	
FY 2003	\$255,489,800.00	
FY 2004	\$285,784,687.00	
FY 2005		
FY		



CONTRACT SUMMARY SHEET

RFS Number	318.66-022	Contract Number	FA 01-14662-08
State/Agency	Department of Finance and Administration	Division	TennCare
Contractor		Contractor Identification Number	
Premier Behavioral Health Systems of Tennessee, LLC		X	V-
			C-
621641638-00			

Service Description

Behavioral Health Organization Services/Medically Necessary Behavioral Services to the TennCare Medicaid Population

Contract Begin Date	Contract End Date
1/1/2001	6/30/2004

Allotment Code	Cost Center	Object Code	Fund	Grant	Grant Code	Subgrant Code
318.66	131	134	11	on STARS		

FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	Total Contract Amount Include All Amendments
2001	\$34,017,900.00	\$59,630,800.00			\$93,648,700.00
2002	\$74,061,006.00	\$129,837,429.00			\$203,898,435.00
2003	\$92,800,300.00	\$162,689,500.00			\$255,489,800.00
2004	\$101,603,601.00	\$184,181,086.00			\$285,784,687.00
					\$0.00
					\$0.00
Total	\$302,482,807.00	\$536,338,815.00	\$0.00	\$0.00	\$838,821,622.00

CFDA Number	Check the box (below) ONLY if the answer is YES
State Fiscal Contact	Is the Contractor a SUBRECIPIENT? (per OMB A-133) <input checked="" type="checkbox"/>
Name: Dean Daniel	Is the Contractor a VENDOR? (per OMB A-133) <input type="checkbox"/>
Address: 729 Church Street Nashville, TN	Is the Fiscal Year Funding STRICTLY LIMITED? <input type="checkbox"/>
Phone: 615-532-1362	Is the Contractor on STARS? <input type="checkbox"/>
Procuring Agency Budget Officer Signature	Is the Contractor's FORM W-9 ATTACHED? <input type="checkbox"/>
	Is the Contractor's Form W-9 Filed with Accounts? <input type="checkbox"/>

Dean Daniel 2/27/04

COMPLETE FOR ALL AMENDMENTS (only)

	Base Contract & Prior Amendments	This Amendment ONLY
End Date >	3 12/31/2003	6/30/2004
FY 2001	\$93,648,700.00	
FY 2002	\$203,898,435.00	
FY 2003	\$255,489,800.00	
FY 2004	\$214,338,515.00	\$71,446,172.00
FY		
FY		

Pursuant to T.C.A., Section 9-6-113, I, M. D. Goetz, Jr., Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.

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CONTRACT SUMMARY SHEET

RFS Number	318.66-022	Contract Number	FA 01-14662-07
State Agency	Department of Finance and Administration	Division	TennCare

Contractor	Contractor Identification Number				
Premier Behavioral Health Systems of Tennessee, LLC	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">X</td> <td style="width: 20px; text-align: center;">V-</td> </tr> <tr> <td style="width: 20px;"></td> <td style="width: 20px; text-align: center;">C-</td> </tr> </table>	X	V-		C-
X	V-				
	C-				
621641638-00					

Service Description

Behavioral Health Organization Services/Medically Necessary Behavioral Services to the TennCare Medicaid Population

Contract Begin Date	Contract End Date
1/1/2001	3/31/2004

Allotment Code	Cost Center	Object Code	Fund	Grant	Grant Code	Subgrant Code
318.66	131	134	11	on STARS		

FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	Total Contract Amount (include ALL amendments)
2001	\$34,017,900.00	\$59,630,800.00			\$93,648,700.00
2002	\$74,061,006.00	\$129,837,429.00			\$203,898,435.00
2003	\$92,800,300.00	\$162,689,500.00			\$255,489,800.00
2004	\$76,202,700.00	\$138,135,815.00			\$214,338,515.00
					\$0.00
					\$0.00
Total	\$277,081,906.00	\$490,293,544.00	\$0.00	\$0.00	\$767,375,450.00

CFDA Number	Check the box (below) ONLY if the answer is YES
State Fiscal Contact	Is the Contractor a SUBRECIPIENT? (per OMB A-133) <input checked="" type="checkbox"/>
Name: Dean Daniel	Is the Contractor a VENDOR? (per OMB A-133) <input type="checkbox"/>
Address: 729 Church Street Nashville, TN	Is the Fiscal Year Funding STRICTLY LIMITED? <input type="checkbox"/>
Phone: 615-532-1362	Is the Contractor on STARS? <input type="checkbox"/>
Procuring Agency/Budget Officer Signature	Is the Contractor's FORM W-9 ATTACHED? <input type="checkbox"/>
	Is the Contractor's Form W-9 Filled with Accounts? <input type="checkbox"/>

Dean Daniel 12/9/03

Funding Certification
 Pursuant to T.C.A., Section 9-6-113, I, M. D. Goetz, Jr., Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.

COMPLETE FOR ALL AMENDMENTS (only)

	Base Contract & Prior Amendments	This Amendment ONLY
End Date	12/31/2003	3/31/2004
FY 2001	\$93,648,700.00	
FY 2002	\$203,898,435.00	
FY 2003	\$255,489,800.00	
FY 2004	\$142,892,343.00	\$71,446,172.00
FY		
FY		
Totals	\$695,929,278.00	\$71,446,172.00

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 FINANCIAL SERVICES

CONTRACT SUMMARY SHEET

Red copy
8/23/03

Number	318.66.022	Contract Number	FA-01-14662-06
Agency	Department of Finance and Administration	Division	Bureau of TennCare
Contractor		Contractor Identification Number	

Premier Behavioral Health Systems of Tennessee, LLC	X	V-	621641638 00
		C-	

Service Description

Behavioral Health Organization Services/Medically Necessary Behavioral Services to the TennCare/Medicaid Population

Contract Begin Date	Contract End Date
1/1/2001	12/31/2003

Allocation Code	Cost Center	Object Code	Fund	Grant	Grant Code	Subgrant Code
318.66	131	134	11	on STARS		

FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	Total Contract Amount (include ALL amendments)
2001	\$34,017,900.00	\$59,630,800.00			\$93,648,700.00
2002	\$74,061,006.00	\$129,837,429.00			\$203,898,435.00
2003	\$92,800,300.00	\$162,689,500.00			\$255,489,800.00
2004	\$92,090,543.00	\$50,801,800.00			\$142,892,343.00
					\$0.00
					\$0.00
Total	\$292,969,749.00	\$402,959,529.00	\$0.00	\$0.00	\$695,929,278.00

FDA Number	93.778	Check the box (below) ONLY if the answer is YES	
State Fiscal Contact Name	Dean Daniel	Is the Contractor a SUBRECIPIENT? (per OMB A-133)	<input checked="" type="checkbox"/>
State Fiscal Contact Address	729 Church Street, Nashville, TN	Is the Contractor a VENDOR? (per OMB A-133)	<input type="checkbox"/>
State Fiscal Contact Phone	(615)532-1362	Is the Fiscal Year Funding STRICTLY LIMITED?	<input type="checkbox"/>
Procuring Agency Budget Officer Signature		Is the Contractor on STARS?	<input type="checkbox"/>
		Is the Contractor's FORM W-9 ATTACHED?	<input type="checkbox"/>
		Is the Contractor's Form W-9 Filed with Accounts Payable?	<input type="checkbox"/>

Dean Daniel
8/23/03 *Dean Daniel*

COMPLETE FOR ALL AMENDMENTS (only)

	Base Contract & Prior Amendments	This Amendment ONLY
End Date	12/31/2003	
FY	2001	\$93,648,700.00
	2002	\$203,898,435.00
	2003	\$255,489,800.00
	2004	\$127,744,900.00 \$15,147,443.00
Totals	\$680,781,835.00	\$15,147,443.00

Funding Certification
Pursuant to T.C.A., Section 9-6-113, I, M. D. Goetz, Jr., Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.

CONTRACT SUMMARY SHEET

Contract Number:	FA-01-14862-05
State Agency:	Department of Finance and Administration
Contractor:	Remier Behavioral Health Systems of Tennessee, LLC
Division:	Bureau of TennCare
Contractor Identification Number:	821641638 00
<input checked="" type="checkbox"/> V- <input type="checkbox"/> C-	

Service Description: Behavioral Health Organization Services/Medically Necessary Behavioral Services to the TennCare/Medicaid Population

Contract Begin Date: 01/01/2001 **Contract End Date:** 12/31/2003

Alotment Code	Cost Center	Object Code	Fund	Grant	Grant Code	Subgrant Code
318.66	131	134	11	<input type="checkbox"/> on STARS		
FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	Total Contract Amount (including ALL amendments)	
2001	\$34,017,000.00	\$59,830,800.00			\$93,648,700.00	
2002	\$74,061,006.00	\$129,837,429.00			\$203,898,435.00	
2003	\$92,800,300.00	\$162,689,500.00			\$255,489,800.00	
2004	\$45,418,500.00	\$82,328,400.00			\$127,744,900.00	
Total:	\$246,295,706.00	\$434,486,129.00			\$680,781,835.00	

CFDA # 93.778

State Fiscal Contact: Name: Dean Daniel, Address: 729 Church Street, Nashville, TN, Phone: (615) 592-1362

Procuring Agency Budget Officer Approval Signature: Dean Daniel *Dean Daniel*

Check the box ONLY if the answer is YES:

- Is the Contractor a SUBRECIPIENT? (per OMB A-133)
- Is the Contractor a VENDOR? (per OMB A-139)
- Is the Fiscal Year Funding STRICTLY LIMITED?
- Is the Contractor on STARS?
- Is the Contractor's FORM W-9 ATTACHED?
- Is the Contractors Form W-9 Filed with Accounts?

Funding Certification

Pursuant to T.C.A., Section 9-5-113, I. C. Warren Neel, Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.

COMPLETE FOR ALL AMENDMENTS (only)		
END DATE →	Base Contract & Prior Amendments	This Amendment ONLY
FY: 2001	\$93,648,700.00	
FY: 2002	\$203,898,435.00	
FY: 2003	\$255,489,800.00	
FY: 2004		\$127,744,900
Total:	\$552,036,935.00	\$127,744,900

C O N T R A C T S U M M A R Y S H E E T

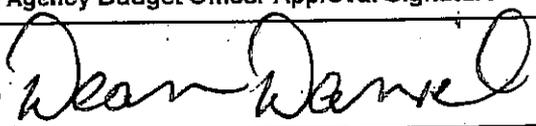
RFS Number: 318.66-022	Contract Number: FA-01-14662-04
State Agency: Department of Finance and Administration	Division: Bureau of TennCare
Contractor	
Contractor Identification Number	
Premier Behavioral Health Systems of Tennessee, LLC	<input checked="" type="checkbox"/> V- <input type="checkbox"/> C- 621641638 00

Service Description

Behavioral Health Organization Services/Medically Necessary Behavioral Services to the TennCare/Medicaid Population

Contract Begin Date	Contract End Date					
01/01/2001	06/30/2003					
Allotment Code	Cost Center	Object Code	Fund	Grant	Grant Code	Subgrant Code
318.66	131	134	11	<input type="checkbox"/> on STARS		

FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	Total Contract Amount (including ALL amendments)
2001	\$34,017,900.00	\$59,630,800.00			\$93,648,700.00
2002	\$74,061,006.00	\$129,837,429.00			\$203,898,435.00
2003	\$92,800,300.00	\$162,689,500.00			\$255,489,800.00
Total:	\$200,879,206.00	\$352,157,729.00			\$553,036,935.00

CFDA # 93.778	Check the box ONLY if the answer is YES:
State Fiscal Contact	Is the Contractor a SUBRECIPIENT? (per OMB A-133) <input checked="" type="checkbox"/>
Name: Dean Daniel Address: 729 Church Street Nashville, TN Phone: (615) 532-1362	Is the Contractor a VENDOR? (per OMB A-133) <input type="checkbox"/>
	Is the Fiscal Year Funding STRICTLY LIMITED? <input type="checkbox"/>
Procuring Agency Budget Officer Approval Signature	Is the Contractor on STARS? <input type="checkbox"/>
Dean Daniel 	Is the Contractor's FORM W-9 ATTACHED? <input type="checkbox"/>
	Is the Contractors Form W-9 Filed with Accounts? <input type="checkbox"/>

COMPLETE FOR ALL AMENDMENTS (only)			Funding Certification
	Base Contract & Prior Amendments	This Amendment ONLY	Pursuant to T.C.A., Section 9-6-113, I, C. Warren Neel, Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.
END DATE →	06/30/2003		
FY: 2001	\$93,648,700.00		
FY: 2002	\$203,898,435.00		
FY: 2003	\$255,489,800.00		
FY:			
FY:			
Total:	\$553,036,935.00		

CONTRACT SUMMARY SHEET

RFS Number:	318.66-022	Contract Number:	FA-01-14662-03
State Agency:	Department of Finance and Administration	Division:	Bureau of TennCare
Contractor		Contractor Identification Number	
Premier Behavioral Health Systems of Tennessee, LLC		<input checked="" type="checkbox"/> V- <input type="checkbox"/> C-	621641638 00

Service Description

Behavioral Health Organization Services/Medically Necessary Behavioral Services to the TennCare/Medicaid Population

Contract Begin Date	Contract End Date
01/01/2001	06/30/2003

Allotment Code	Cost Center	Object Code	Fund	Grant	Grant Code	Subgrant Code
318.66	131	134	11	<input type="checkbox"/> on STARS		

FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	Total Contract Amount (including ALL amendments)
2001	\$34,017,900.00	\$59,630,800.00			\$93,648,700.00
2002	\$74,061,006.00	\$129,837,429.00			\$203,898,435.00
2003	\$92,800,300.00	\$162,689,500.00			\$255,489,800.00
Total:	\$200,879,206.00	\$352,157,729.00			\$553,036,935.00

CFDA #	93.778	Check the box ONLY if the answer is YES:	
State Fiscal Contact		Is the Contractor a SUBRECIPIENT? (per OMB A-133)	X
Name: Dean Daniel Address: 729 Church Street Nashville, TN Phone: (615) 532-1362		Is the Contractor a VENDOR? (per OMB A-133)	
		Is the Fiscal Year Funding STRICTLY LIMITED?	
Procuring Agency Budget Officer Approval Signature Dean Daniel <i>Dean Daniel</i>		Is the Contractor on STARS?	
		Is the Contractor's FORM W-9 ATTACHED?	
		Is the Contractors Form W-9 Filed with Accounts?	

COMPLETE FOR ALL AMENDMENTS (only)

	Base Contract & Prior Amendments	This Amendment ONLY
END DATE →	06/30/2003	
FY: 2001	\$93,648,700.00	
FY: 2002	\$203,898,435.00	
FY: 2003	\$203,800,935.00	\$51,688,865
FY:		
FY:		
Total:	\$501,348,070.00	\$51,688,865

Funding Certification

Pursuant to T.C.A., Section 9-6-113, I, C. Warren Neel, Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.

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CONTRACT SUMMARY SHEET

Contract Number	FA-01-14662-02	State Agency	Department of Finance and Administration
RFS Number	318.66-022	Division	Bureau of TennCare

Contractor	Vendor ID Number
Premier Behavioral Health Systems of Tennessee, LLC	<input checked="" type="checkbox"/> V <input type="checkbox"/> C 621641638 00

Service Description

Behavioral Health Organization Services/Medically necessary Behavioral Services to the TennCare/Medicaid Population

Contract Begin Date	Contract End Date
January 1, 2001	June 30, 2003

Allotment Code	Cost Center	Object Code	Fund	Grant	Grant Code	Subgrant Code
318.66	139	134	11	<input type="checkbox"/> on STARS		

FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	Total Contract Amount (including ALL amendments)
2001	\$34,017,900.00	\$59,630,800.00			\$93,648,700.00
2002	\$74,061,006.00	\$129,837,429.00			\$203,898,435.00
2003	\$74,025,594.00	\$129,775,341.00			\$203,800,935.00
Total	\$182,104,500.00	\$319,243,570.00			\$501,348,070.00

<input type="checkbox"/>	Fiscal Year Funding Is Strictly Limited	CFDA Number	93.778
<input type="checkbox"/>	Contractor is on STARS	State Fiscal Contact	
<input type="checkbox"/>	Current Form W-9 On File With Accounts OR Form W-9 Attached	Name	Dean Daniel
<input type="checkbox"/>		Address	729 Church Street, Nashville, TN
		Phone	(615)532-1362
<input type="checkbox"/>	Service Provider Registered with F&A	Procuring Agency Budget Officer Approval Signature	
<input checked="" type="checkbox"/>	Contractor is a SUBRECIPIENT (as defined by OMB Circular A-133)	 Dean Daniel 10/15/01	

COMPLETE FOR ALL AMENDMENTS (only)		
	Base Contract & Prior Amendments	This Amendment ONLY
Contract End Date	06/30/03	06/30/03
FY 2001	\$93,648,700.00	
FY 2002	\$203,800,935.00	\$97,500.00
FY 2003	\$203,800,935.00	
Total	\$501,250,570.00	\$97,500.00

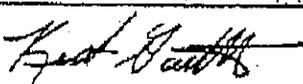
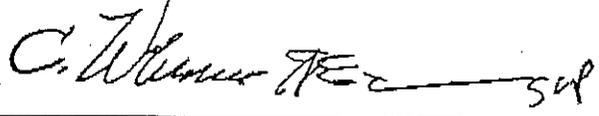
Funding Certification

Pursuant to T.C.A., Section 9-6-113, I, Warren Neel, Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.

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CONTRACT SUMMARY SHEET

Contract Number		FA01-14662 ⁻⁰¹		State Agency		Tennessee Department of Finance and Administration Department of Mental Health and Developmental Disabilities	
RFS Number		318.66-022		Division		318.66	
Contractor				Vendor ID Number			
Premier Behavioral Health Systems of Tennessee, L.L.C.				<input checked="" type="checkbox"/> V <input type="checkbox"/> C		621641638-00	
Service Description							
Behavioral Health Organization Services/Medically necessary Behavioral Services to the TennCare/Medicaid Population							
Contract Begin Date				Contract End Date			
January 1, 2001				June 30, 2003			
Allotment Code		Cost Center		Object Code		Fund	
318.66		139		134		11	
						<input type="checkbox"/> on STARS	
FY		State Funds		Federal Funds		Interdepartmental Funds	
2001		\$34,017,900		\$58,630,800			
2002		\$74,025,594		\$129,775,341			
2003		\$74,025,594		\$129,775,341			
Total		\$182,069,088		\$318,181,482			
<input type="checkbox"/> Fiscal Year Funding is Strictly Limited				CFDA Number 93.778			
<input type="checkbox"/> Contractor is on STARS				State Fiscal Contract			
<input type="checkbox"/> Current Form W-9 On File With Accounts OR <input type="checkbox"/> Form W-9 Attached				Name: Dean Daniel Address: 729 Church Street, Nashville TN 37247-6601 Phone: (615) 632-1362			
<input type="checkbox"/> Service Provider Registered with F&A				Procuring Agency Budget Officer Approval Signature			
<input checked="" type="checkbox"/> Contractor is a SUBRECIPIENT (as defined by OMB Circular A-133)							
COMPLETE FOR ALL AMENDMENTS (only)				Funding Certification			
		Base Contract & Prior Amendments		This Amendment ONLY		Pursuant to T.C.A. Section 9-8-143, I, C. Warren Neel, Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred	
Contract End Date		December 31, 2001		June 30, 2003		 DCR Use Only	
FY 2001		\$83,648,700		\$0			
FY 2002		\$93,648,700		\$110,152,235			
FY 2003				\$203,800,935			
Total		\$187,297,400		\$313,853,170			

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CONTRACT SUMMARY SHEET

Contract Number <i>FA-01-14662⁻⁰⁰</i>	State Agency	Tennessee Department of Finance and Administration Department of Mental Health and Developmental Disabilities
FS Number <i>318.66-022</i>	Division	318.66

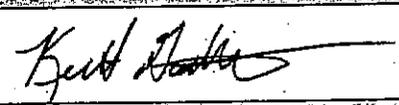
Contractor Premier Behavioral Health Systems of Tennessee, L.L.C.	Vendor ID Number 621641638-00
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Service Description
Behavioral Health Organization Services/Medically necessary Behavioral Services to the TennCare/Medicaid Population

Contract Begin Date January 1, 2001	Contract End Date December 31, 2001
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Allotment Code 318.66	Cost Center 139	Object Code 134	Fund 11	Grant <input type="checkbox"/> on STARS	Grant Code	Subgrant Code
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FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	Total Contract Amount (including ALL amendments)
2001	\$34,017,900	\$59,630,800			\$93,648,700
2002	\$34,017,900	\$59,630,800			\$93,648,700
Total	\$68,035,800	\$119,261,600			\$187,297,400

<input type="checkbox"/>	Fiscal Year Funding Is Strictly Limited	CFDA Number 93.778
<input type="checkbox"/>	Contractor is on STARS	State Fiscal Contact
<input type="checkbox"/>	Current Form W-9 On File With Accounts OR Form W-9 Attached	Name Dean Daniel Address 729 Church Street, Nashville TN 37247-6501 Phone (615) 532-1362
<input type="checkbox"/>	Service Provider Registered with F&A	Procuring Agency Budget Officer Approval Signature
<input checked="" type="checkbox"/>	Contractor is a SUBRECIPIENT (as defined by OMB Circular A-133)	

COMPLETE FOR ALL AMENDMENTS (only)		
	Base Contract & Prior Amendments	This Amendment ONLY
Contract End Date		
FY		
Total		

Funding Certification
Pursuant to T.C.A., Section 9-6-113, I, C. Warren Neel, Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.

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